PTO/SB/05 (03-01)
Please type a plus sign (+) inside this box

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION **TRANSMITTAL**

Attorney Docket No. First Inventor		2552.000005	
		Shetley	
Title MULTI-PHASE		E FUEL SYSTEM	
		EV 305043275 US	

(Unity for new nonprovisional applications under 37 GFK 1.35(b)) 2xpress wath 2aser ver.					
APPLICATION ELEMENTS ADDRESS TO: Assistant Commissioner for Patents Box Patent Application					
See MPEP chapter 600 conce	See MPEP chapter 600 concerning utility patent application contents. Washington, DC 20231				
Fee Transmittal For	m (e.g., PTO/SB/17)		in duplicate, large table or		
1. (Submit an original and a du Applicant claims sm	plicate for fee processing)	Computer Program	n (Appendix)		
2. See 37 CFR 1.27.	iali entity status.	8. Nucleotide and/or Amino (if applicable, all necessa	Add Sequence Submission		
3. Specification (preferred arrangement s	[Total Pages 48]	a. Computer Reada			
- Descriptive title o	of the invention	b. Specification Sequence	ce Listing on:		
- Cross Reference - Statement Rega	to Related Applications ding Fed sponsored R & D	i. 🗌 CD-ROM	or CD-R (2 copies); or		
- Reference to sec	uence listing, a table,	ii. 🔲 paper			
or a computer pr	ogram listing appendix		ying identity of above copies		
 Background of the Brief Summary of the					
- Brief Description	of the Drawings (if filed)		APPLICATION PARTS		
- Detailed Descrip	tion	9. Assignment Pape	ers (cover sheet & document(s))		
- Claim(s)	Nie ale aven	37 CFR 3.73(b)			
- Abstract of the D	5	(Wileli there is al	n assignee) LLI Attorney ion Document (if applicable)		
4. Drawing(s) (35 U.		Information Disc	losure Copies of IDS		
5. Oath or Declaration	[Total Pages 2]	Statement (IDS)			
a. Newly executed (original or copy) Copy from a prior application (37 CFR 1.63 (d)) Return Receipt Postcard (MPEP 503)					
b. (for continuation/divisional with Box 18 completed) (Should be specifically itemized)			ifically itemized)		
i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) 15. Certified Copy of Priority (if foreign priority is claim			y is claimed)		
named in th	ne prior application, see 37 CFR	16. Nonpublication	Request under 35 U.S.C. 122		
1.63(d)(2) a	and 1.33(b).	(b)(2)(B)(i). App	licant must attach form PTO/SB/35		
Application Date	Shoot Soo 37 CER 1 76	or its equivalent			
	Sheet. See 37 CFR 1.76	17. Other:			
18. If a CONTINUING APPLIC	CATION, check appropriate box, and suppl	y the requisite information belo	w and in a preliminary amendment,		
or in an Application Data She	et under 37 CFR 1.76:				
Continuation	Divisional Continuation-in-part (CIP)	of prior application No.:	/		
Prior application information:	Examiner	Group Art Unit:			
For CONTINUATION OR DIVISION	ONAL APPS only: The entire disclosure of the pri	or application, from which an oath	or declaration is supplied under		
Box 5b, is considered a part of the	e disclosure of the accompanying continuation o relied upon when a portion has been inadvertently	y omitted from the submitted applic	ation parts.		
The meetperduct ourself	19. CORRESPONDE				
or Correspondence address below					
Customer Number or Ber Co	de Label (Inseri) Gustomer No. or Attach ber		J Correspondence address polon		
Name	Michael A. Slavin				
Name	McHale & Slavin, P.A.				
Address	2855 PGA Blvd.				
City	Palm Beach Gardens	State FL	Zip Code 33410		
Country		none 561-625-6575	Fax 561-625-6572		
		Registration No. (Attor	nev/Agent) 34,016		
Name (Print/Type)	Michael A. Slavin	registration No. (Attor	2/4//-		
Signature			Date ///9/03		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.



PTO/SB/17 (10-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
to a collection of information unless it displays a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no persons are required to re **FEE TRANSMITTAL** for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUN	IT OF PAYMENT
--------------------	---------------

(\$)	636.	.00

Complet if Known			
Application Number			
Filing Date			
First Named Inventor	Shetley		
Examiner Name			
Group Art Unit			
Attorney Docket No.	2552.000005		

METHOD OF PAYMENT	METHOD OF PAYMENT FEE CALCULATION (continued)				
1. The Commissioner is hereby authorized to charge indicated fees and credit any overnayments to:	3. ADDITIONAL FEES				
indicated fees and credit any overpayments to:	Large Small				
Account Number 13-0439	Entity Entity Fee Fee Fee Fee Fee Description Code (\$) Code (\$)	Fee Paid			
Account Name McHale & Slavin, P.A.	105 130 205 65 Surcharge - late filing fee or oath				
Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	127 50 227 25 Surcharge - late provisional filing fee or cover sheet				
Applicant claims small entity status. See 37 CFR 1.27	139 130 139 130 Non-English specification				
2. Payment Enclosed:	147 2,520 147 2,520 For filing a request for ex parte reexamination				
Check Credit card Money Order Other	112 920° 112 920° Requesting publication of SIR prior to Examiner action				
FEE CALCULATION	113 1,840° 113 1,840° Requesting publication of SIR after Examiner action				
1. BASIC FILING FEE	115 110 215 55 Extension for reply within first month				
Large Entity Small Entity	116 400 216 200 Extension for reply within second month				
Fee Fee Fee Fee Description	117 920 217 460 Extension for reply within third month				
Code (4)	118 1,440 218 720 Extension for reply within fourth month				
101 740 201 370 Utility filing fee 375.00	128 1,960 228 980 Extension for reply within fifth month				
106 330 206 165 Design filling fee	119 320 219 160 Notice of Appeal				
107 510 207 255 Plant filing fee 108 740 208 370 Reissue filing fee	120 320 220 160 Filing a brief in support of an appeal				
	121 280 221 140 Request for oral hearing				
114 160 214 80 Provisional filing fee	138 1,510 138 1,510 Petition to institute a public use proceeding				
SUBTOTAL (1) (\$) 375.00	140 110 240 55 Petition to revive - unavoidable				
2. EXTRA CLAIM FEES	141 1,280 241 640 Petition to revive - unintentional				
Fee from Extra Claims below Fee Paid	142 1,280 242 640 Utility issue fee (or reissue)				
Total Claims 49 -20** = 29 x 9 = 261	143 460 243 230 Design issue fee				
Independent 3 - 3** = -0- x 42 = -0-	144 620 244 310 Plant issue fee				
Multiple Dependent =	122 130 122 130 Petitions to the Commissioner				
	123 50 123 50 Processing fee under 37 CFR 1.17(q)				
Large Entity Small Entity Fee Fee Fee Fee Description	126 180 126 180 Submission of Information Disclosure Stmt				
Fee Fee Fee Fee Fee Description Code (\$) Code (\$) 103 18 203 9 Claims in excess of 20	581 40 581 40 Recording each patent assignment per property (times number of properties)				
102 84 202 42 Independent claims in excess of 3	146 740 246 370 Filing a submission after final rejection (37 CFR § 1.129(a))				
104 280 204 140 Multiple dependent claim, if not paid	149 740 249 370 For each additional invention to be				
109 84 209 42 ** Reissue independent claims over original patent	examined (37 CFR § 1.129(b))				
110 18 210 9 ** Reissue claims in excess of 20	179 740 279 370 Request for Continued Examination (RCE)				
and over original patent	169 900 169 900 Request for expedited examination of a design application				
SUBTOTAL (2) (\$) 636.00	Other fee (specify)				
**Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)					
**or number previously paid, if greater; For Reissues, see above 1/3 duced by Basic Filing Fee Paid SUBTOTAL (3) (47)					

SUBMITTED BY				Complete (if app	licable)
Name (PrintlType)	Michael A Salvin	1 ///	Registration No. (Attorney/Agent) 34,016	Telephone	561-625-6575
Signature				Date	7/14/03

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.